



Claims Associates, Inc.  
PO Box 1898  
Sioux Falls, SD 57103  
(605) 333-9810

Insurer Company: PEPL  
Claim or Policy #: GC17.91342  
Insured: State Pen  
Date of Loss: 06/13/17  
Claimant: Jason Dunkelberger



Photo #: 1  
Date: 06/20/17  
Description: Cincinnati  
Metal Shear

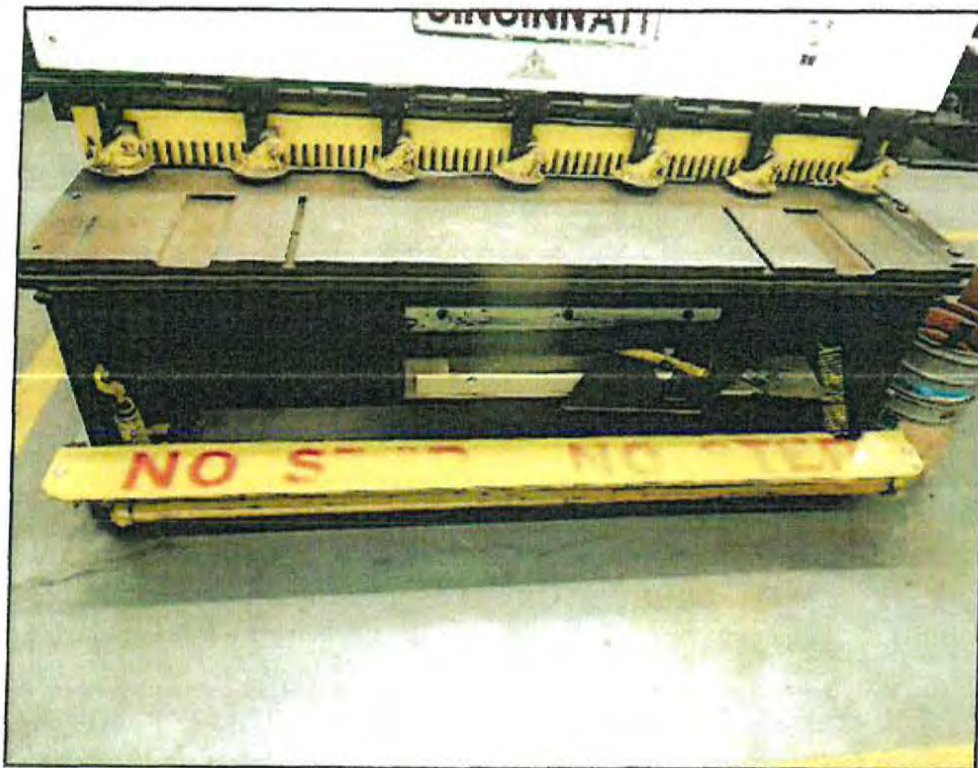


Photo #: 2  
Date: 06/20/17  
Description: Step pedal to  
operate blade.





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Photo #: 3  
Date: 06/20/17  
Description: Holding  
cylinder that crushed  
fingers.

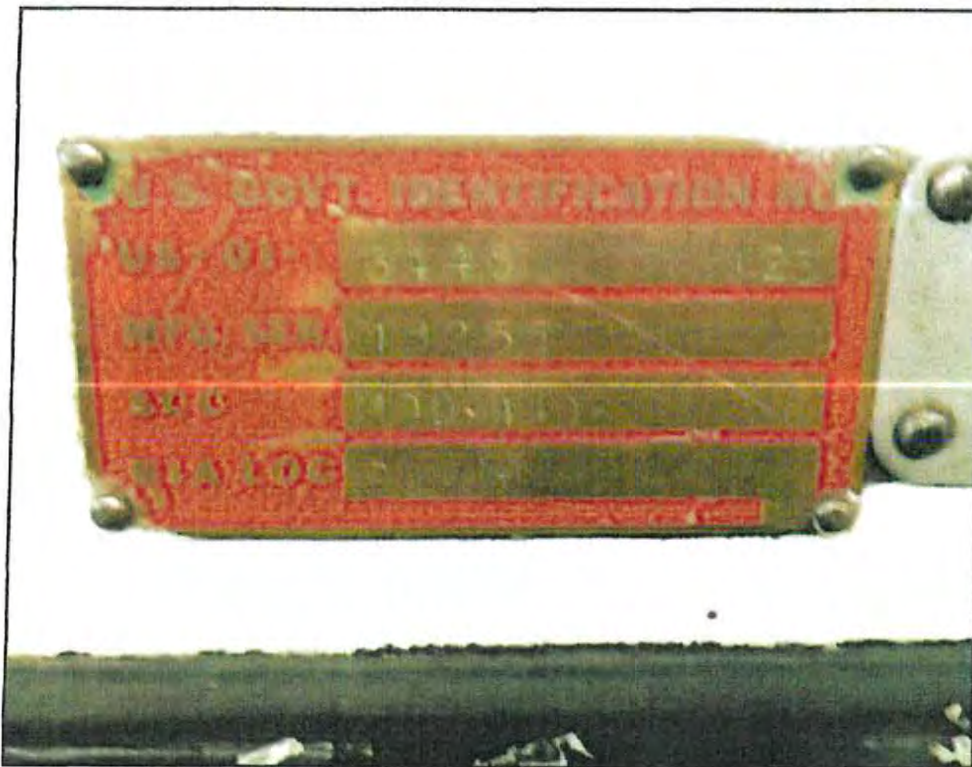


Photo #: 4  
Date: 06/20/17  
Description: Make & model  
tag





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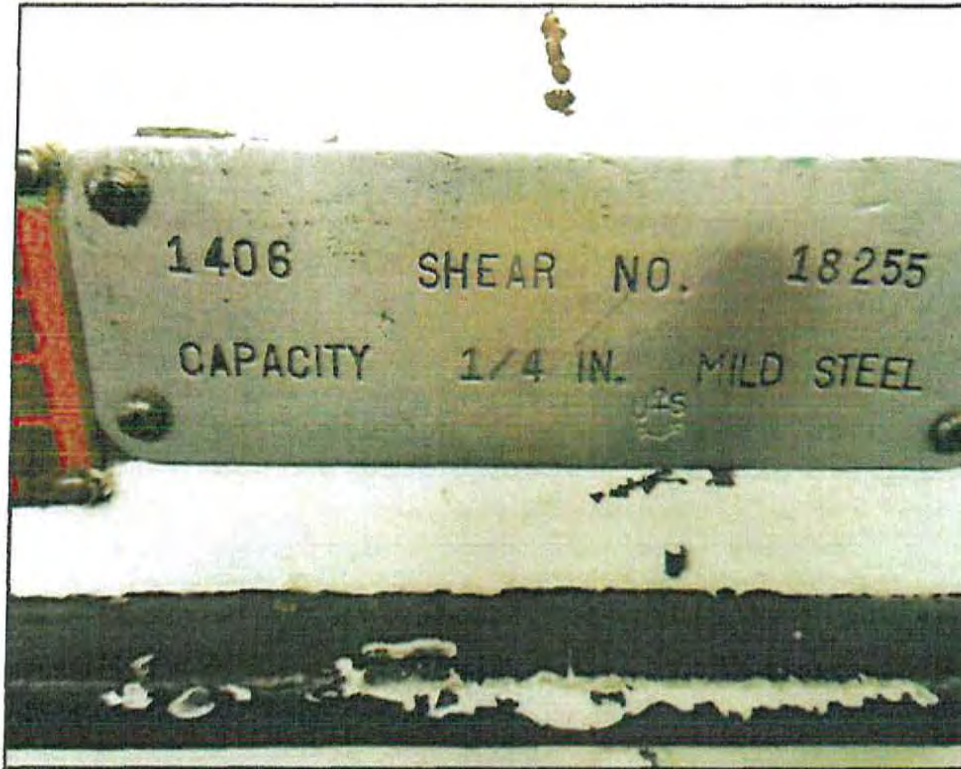


Photo #: 5  
Date: 06/2017  
Description: Shear number

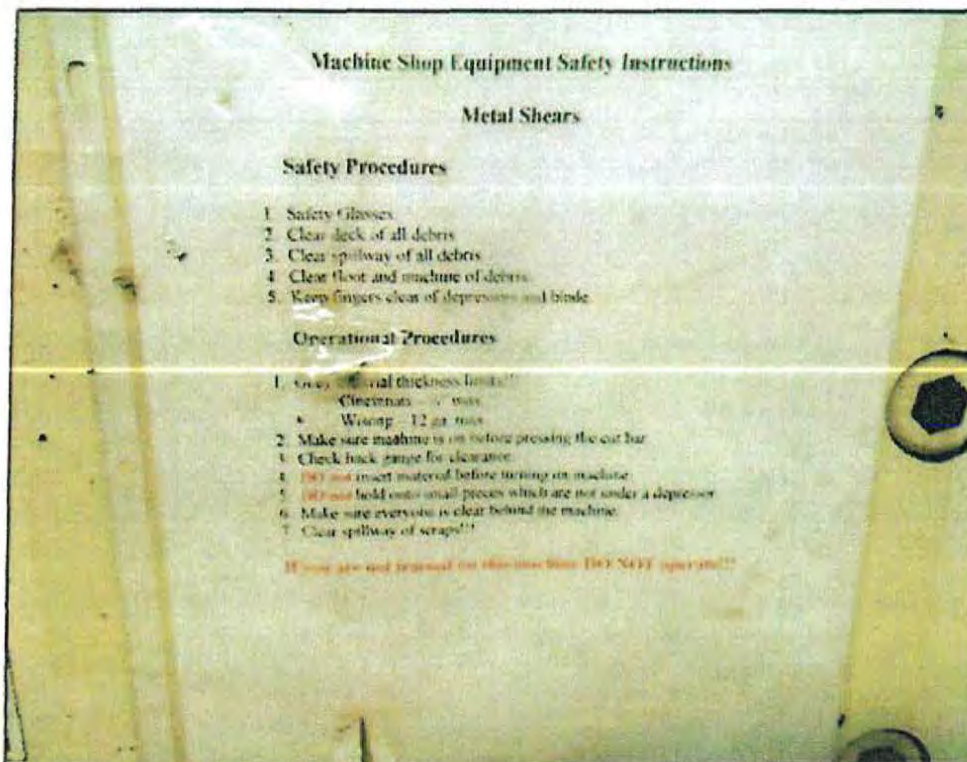


Photo #: 6  
Date: 06/20/17  
Description: Safety instructions











**REPORT OF ACCIDENT, INCIDENT, OR UNSAFE CONDITION**  
**(NON-STATE AUTOMOBILE)**  
**BUREAU OF ADMINISTRATION      OFFICE OF RISK MANAGEMENT**  
**Phone (605)773-5879    Fax (605)773-5880**

Department/Bureau DOC	Agency/Division DOC	Date of Accident 6-13-17	Time of Accident 09:10	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
Type <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Incident <input type="checkbox"/> Unsafe Condition		Location of Accident, Incident, or Unsafe Condition		

**Employee Completing Report**

Name LT. J. Becker		DOB	
Title Lieutenant	<input type="checkbox"/> Temporary <input checked="" type="checkbox"/> Permanent	Work Phone 605-367-5018	Home Phone

**Person Involved in the Accident or Incident**

Name Jason Dunkelberger		DOB 9-26-1974	
Address 1600 N. Drive State Penn Sioux Falls, SD 57117		Home Phone NA	Occupation inmate
Business Address		Business Phone	

What was the person involved doing at the time of the accident or incident?  
 Operating a metal shear in the prison shop.

**Injury**

What was the nature and extent of the injury? Left index finger tip cut off left middle finger smashed.	
Was first-aid administered? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, by whom? HS Nurse Vince
Describe the type of first-aid treatment given. cleaned and covered the wound	
Was medical treatment administered? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, by whom? ER DR Avera McKennan ER
Name and address of medical facility 1325 S. Cliff Ave. Sioux Falls, SD 57105	Did accident result in fatality? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Property Damage**

Owner (include address and phone)	Damage description (include estimated repair costs)

**Witnesses**

Name (include address and phone #) MARCUS DITSWORTH Shop supervisor 367-5151 1600 N Drive Sioux Falls, SD 57117	Name (include address and phone #)
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**Accident Description**

Inmate Jason Dunkelberger ID#21359 was operating the shear. He was trying to cut a small piece of metal so his hands were close to the shear. The shear has cylinders on the front of it that pull the shear down. On the bottom of the cylinders there is a stationary pad that does not move but the cylinder inside presses down. Dunkelberger cut off the tip of the pointing finger and mashed his middle finger on his left hand. The inmate was not aware the cylinder in front pressed down. This happened at 9:10am

**Legal**

Law Enforcement Contacted <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name of Law Enforcement Agency SDDOC internal.
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**Signature** (type name in signature box if submitting electronically)

Employee Signature:	Date:
Authorized Agency Signature:	Date:

*Make copy for your records and send original to: Office of Risk Management 1429 East Sioux Pierre, SD 57501*  
**NOTE: THIS REPORT DOES NOT CONSTITUTE A CLAIM AGAINST THE STATE OF SOUTH DAKOTA, NOR DOES IT CONSTITUTE A NOTICE OF INJURY PURSUANT TO SDCL ch. 3-21.**

**ATTACH ADDITIONAL SHEETS FOR MORE INFORMATION**

**ORM Use Only**

Submitted to Claims Assoc ☐ Yes   ☐ No  
 Date Submitted:

EXHIBIT D  
 9-4

Revised 12/06